

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY</b>	<b>FRIEND OF THE COURT CASE QUESTIONNAIRE Page 4</b>	<b>CASE NO.</b>
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**INFORMATION FOR LESS THAN FULL TIME EMPLOYMENT**

74. If unemployed and not receiving unemployment or worker's compensation benefits, or working part time only, provide the following information:

Name of last full time employer	Address of last full time employer
Position held at last place of full time employment	Last day employed full time
Length of time employed in last full time position	Reason for leaving last full time employment

Gross earnings per pay period (earnings before taxes)  
 \$ ☐ weekly    ☐ bi-weekly    ☐ bi-monthly    ☐ monthly

75. Do you have any medical conditions/restrictions that affect your ability to work?    ☐ Yes    ☐ No

If yes, please explain medical condition/restriction:

76. What is your educational background? (Check one)

<input type="checkbox"/> Less than High School	<input type="checkbox"/> High School Graduate
<input type="checkbox"/> Trade School Graduate	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Graduate Degree

**I declare that the information in this questionnaire is true to the best of my information, knowledge, and belief.**

**Reminder List:**

Have you signed this questionnaire?

Have you attached your 4 most recent paycheck stubs, or a statement from your employer(s) of wages and deductions and year-to-date earnings?

Have you attached a copy of your last federal and state income tax returns, including all schedules? If self-employed, also attach a copy of your 3 most recent business tax returns and/or corporation returns.

Attach any additional information that may be useful to the Friend of the Court in making a support recommendation.

**Retain a copy of this form for your own records. Return the original to the Friend of the Court office.**